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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****OFFICIAL**

In re Application of: FRANK J. COLOMBO

Group Art Unit: 1772

Serial No: 09/973,644

Examiner: M. A. Patterson

Filed: October 9, 2001

File No. H0002694 (4760)

For: MULTILAYER LAMINATE FOR USE IN CHEMICAL BARRIER PACKAGING

December 10, 2003

VIA FAX 703-872-9306

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

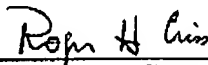
Sir:

**AMENDMENT AFTER FINAL REJECTION UNDER 37 CFR §1.116**

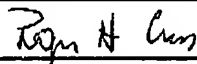
In response to the Final Rejection dated August 26, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER</b>				ATTORNEY'S DOCKET NO.: H0002694		
SERIAL NUMBER: 09/973,644	FILING DATE: October 9, 2001	EXAMINER: M.A. Patterson	GROUP ART UNIT: 1772			
INVENTION: <b>MULTILAYER LAMINATE FOR USE IN CHEMICAL BARRIER PACKAGING</b>						
INVENTOR(s): Frank J. Colombo						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	12	MIN US	34	0	X \$18	0.00
INDEP. CLAIMS	2	MIN US	3	0	X \$86	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> No additional fee is required.   <input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____   <input checked="" type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136; kindly charge Deposit Account No. 01-1125 in the amount of \$110.00 for a one month extension fee.  <input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125. </div> <div style="width: 65%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="text-align: center;"> <u>December 10, 2003</u> Date </div> <div style="text-align: center;">  Signature </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>(239) 254-0971</u> Phone </div> <div style="text-align: center;"> <u>Roger H. Criss</u> Attorney Name   <u>25,570</u> Reg. Number </div> </div> </div> </div>						

I hereby certify that this correspondence is being sent by facsimile to fax number 703-872-9306 and addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 10, 2003.

  
(Signature)  
  
Roger H. Criss  
Attorney of Record  
  
December 10, 2003  
(Date)